

SW CTR/FPS/5/17/55. P. Pad 9 of 10 11/14/2017 N

NPI: 1538219605

PRÄCTICESEN DER KUNST

Date 6/25/19

City _____ State _____ Zip _____ Age _____

 R_x

Apply 2-4 grams to the aa bid

9

LEP	Preferred Language
-----	--------------------

Prevent medication errors. Please see back of prescription.

Prescriber Signature X

MAXIMUM STABLE DOSE
(controlled studies in early

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "brand" IN THE BOX BELOW

REFILLS

☐ None

Fig. 6.19

PHARMACIST

TEST AREA:

Distance As Written

0TD1HR 33



OFFICIAL NEW YORK STATE PRESCRIPTION

RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219805

1570 MCDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

Patient Name [REDACTED] 5/28/19
Address [REDACTED]
City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Rx

Diclofenac Sodium Gel 3%
(1-100gm + 200gm
Apply 2-4 grams to the aa bid

☐ LEP Prescribed Laryngology

Prescriber Signature X

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'brand' IN THE BOX BELOW

REFILLS ☐ None ☐ Refill


PHARMACIST
TEST AREA:

Dispensed As Written

07D1HR 25




10 22 18

ON CONTINUING MEDICATIONS P. 2 of 10 11/14/2017 N
OFFICIAL NEW YORK STATE PRESCRIPTION  2

VOID
RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219605

1570 McDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

PRACTICER DATA MARKER

Patient Name  Date 8/22/18

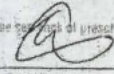

Address _____

City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Rx



Diclofenac Sodium Gel 3%
() 100gm ~~100gm~~
Apply 2-4 grams to the aa bid

☐ LEP Preferred Language
Prevent medication errors. Please read all of prescription.

Prescriber Signature   NON-PATENT DAILY DOSE (controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dau' IN THE BOX BELOW

REFILLS ☐ None ☒ Refill: 1

PHARMACIST TEST AREA:  **0TD1HJ 35**


Dispense As Written

SW CNYR
OF

RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219605

1570 MCDONALD AVENUE APT 2W BRONX NY 10461 (929) 841-4538

PATIENT'S DEB NUMBER

Patient Name [REDACTED] Date 4/13/18

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED] Age [REDACTED] Sex ☒ M ☐ F

Rx

Diclofenac Sodium Gel 3%
() 100gm () 200gm
Apply 2-4 grams to the as bid

LEP Preferred Language

Prevent medication errors: Please see back of prescription.

Prescriber Signature [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS ☐ None ☒ Refills

PHARMACIST TEST AREA

Dispense As Written

0TD1HP 27

MAXIMUM DAILY DOSE (excepted substances only)

07 22 19

SW CNYR-Pad-0578050 P. Pad 9 of 10 11/14/2017 M
OFFICIAL NEW YORK STATE PRESCRIPTION

RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219505

1570 MCDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

PRACTITIONER DEA NUMBER
[REDACTED]

Patient Name [REDACTED] Date 6/6/19

Address
City State Zip Age Sex
M F

Rx

Diclofenac Sodium Gel 3%
() 100gm (x) 200gm
Apply 2-4 grams to the aa bid

☐ LEP Preferred Language

Prescriber Signature [Signature]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'brand' IN THE BOX BELOW

REFILLS ☐ None
Refill: []

PHARMACIST
TEST AREA: [] Dispense As Written

0TD1HR 27

MAXIMUM DAILY DOSE
(controlled substances only)

12 03 18

SW 00000000000000000000 P. 7 of 10 11/14/2017 N
OFFICIAL NEW YORK STATE PRESCRIPTION

RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219605

1570 MCDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

PATIENT'S DATA NUMBER: _____

Patient Name: [REDACTED] Date: 10/11/18

Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Sex: ☒ M ☐ F

Rx

Diclofenac Sodium Gel 3%
(100gm ~~1~~ 200gm)
Apply 2-4 grams to the aa bid

☐ LEP Preferred Language

Prescriber Signature: [Signature] MAXIMUM DAILY DOSE: _____

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES 'Max' IN THE BOX BELOW

REFILLS: ☐ None ☒ Refills: 1

PHARMACIST TEST AREA: _____ Dispense As Written

0TD1HP 15

RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219605

1570 MCDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

REGISTRATION NUMBER _____

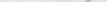
Patient Name _____ 2/12/19

Address _____


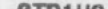
City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Diclofenac Sodium Gel 3%
() 100gm + 200gm
Apply 2-4 grams to the aa bid

☐ Preferred Language

Prescriber Signature X  MAXIMUM DAILY DOSE
(continued instructions only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "BRAND" IN THE BOX BELOW

REFILLS	<input type="checkbox"/> None Refills: <u>1</u>		0TD1HQ 35
PHARMACIST TEST AREA:			
Dispense As Written			

01 07 19

SW OPR
OI

R# 62432 R# 0 11/19/2018 GC

200 DICTOFENAC GEL 3% 68462-0355-94
Dr. DELACRUZ GOMEZ, RAFAEL (718)262-8400 Lic # 185160 DEA #
Copay: \$0.00 Ins.Paid: \$2269.56 Auth#:

RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219605

1570 MCDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

PRACTITIONER DEA NUMBER

Patient Name [REDACTED] Date 11/6/18

Address

City State Zip Age Sex
M F

Rx Diclofenac Sodium Gel 3%
() 100gm (x) 200gm
Apply 2-4 grams to the aa bid

☐ LEP Preferred Language
Prevent medication errors. Please see back of prescription.

Prescriber Signature [Signature] MAXIMUM DAILY DOSE (controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'day' IN THE BOX BELOW

REFILLS ☐ None Refills: []

PHARMACIST TEST AREA: Dispense As Written

0TD1HP 22

[Barcode]

04 02 19

DW CNYRxPrescRptForm P. Rev. 6 of 10 11/14/2017 NY

OFFICIAL NEW YORK STATE PRESCRIPTION

2

RAFAEL A DE LA CRUZ GOMEZ MD

LIC: 185160

NPI: 1538219605

1570 MCDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

PRACTICING DEA NUMBER

Patient Name

Date

2/12/19

Address

City

State

Zip

Age

Sex
M/F

Rx

Diclofenac Sodium Gel 3%

() 100gm (x) 200gm

Apply 2-4 grams to the aa bid

☐

LEP Preferred Language

Please print instructions below. Please see back of prescription.

Prescriber Signature X

MAXIMUM DAILY DOSE
(printed instructions only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW

REFILLS

None

Refills:

PHARMACIST

TEST AREA:

Dispense As Written

0TD1HQ 33



06 10 19

06 10 19

OFFICIAL NEW YORK STATE PRESCRIPTION

RAFAEL A DE LA CRUZ GOMEZ MD
LIC: 185160
NPI: 1538219605

1570 McDONALD AVENUE APT 2W BRONX, NY 10461 (929) 841-4538

Patient Name [REDACTED] Date 4/23/19

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED] Age [REDACTED] Sex ☒ M ☐ F

Rx

Diclofenac Sodium Gel 3%
(100gm / 1 200gm)
Apply 2-4 grams to the aa bid

Prescriber Signature [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'brand' IN THE BOX BELOW

REFILLS ☐ None ☒ Refills: 1

PHARMACIST TEST AREA: [REDACTED]

06TD1HR 09

06 10 19

SW CNYR Pad 1/11/2208 P Pad 3 of 10 1/30/2018 N

OFFICIAL NEW YORK STATE PRESCRIPTION

BRONX COUNTY MEDICAL CARE PC

JEAN-PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 346-6580
NEW DORP MEDICAL 4247 RICHMOND AVE STATEN ISLAND, NY 10312 (718) 605-4000

PRACTITIONER DEA NUMBER _____ Date 3/27/18

Patient Name _____ Sex M F

Address _____ State _____ Zip _____ Age _____

City _____

Rx

Lidocaine 5% Ointment
QTY: 250 grams
Apply TWICE DAILY to the AA BID

☐ LEP Preferred Language
Prevent medication errors. Please see back of prescription.

Prescriber Signature X


THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS ☐ None
Refills: _____

PHARMACIST TEST AREA: _____ Dispense As Written

MAXIMUM DAILY DOSE (controlled substances only)

0TF7GN 02



06 10 19

SW 01/10/2016 P Pad 18 of 20 2/10/2016 N

OFFICIAL NEW YORK STATE PRESCRIPTION

JEAN-PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 246-8575
FARROCKAWAY MEDICAL PC 712 BEACH 20TH ST FAR ROCKAWAY, NY 11691 (347) 246-8575

Patient Name [REDACTED]
Address [REDACTED]
City [REDACTED]
Date 4/1/14
Age [REDACTED] Sex M/F

LIDOCAINE 5% OINT
Apply 1-2 Grams Up To 4 Times Daily
Disp: 200gm

LEP Preferred Language
Prevent medication errors. Please see back of prescription.

Prescriber Signature X

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES LAW IN THE BOX BELOW

REFILLS ☐ None ☒ Refills: [REDACTED]

PHARMACIST TEST AREA: [REDACTED]

Dispense As Written

MAXIMUM DAILY DOSE (controlled substances only)
06ZNS2 04

[Barcode]

SW CNYRxPadMM/052286 P Pad 2 of 10 1/30/2018 N

OFFICIAL NEW YORK STATE PRESCRIPTION

BRONX COUNTY MEDICAL CARE PC

JEAN-PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 346-6580
NEW DORP MEDICAL 4247 RICHMOND AVE STATEN ISLAND, NY 10312 (718) 605-4000

PRACTITIONER DEA NUMBER
[REDACTED]

Patient Name [REDACTED] Date 3/25/19

Address _____

City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Rx

Lidocaine 5% Ointment
QTY: 250 grams
Apply TWICE DAILY to the AA BID

☐ LEP Preferred Language

Prevent medication errors. Please see back of prescription.

Prescriber Signature **X**

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW

REFILLS ☐ None ☐ Refills: _____

PHARMACIST TEST AREA: _____

Dispense As Written

MAXIMUM DAILY DOSE
(controlled substances only)

0TF7GM 95

[Barcode]

SW CNYRdPadMN778099 P Pad 2 of 5 11/7/2014 N

06 03 19

SW CHYR Pad 04/04/000 P Pad 18 of 20 2/5/2018 N

OFFICIAL NEW YORK STATE PRESCRIPTION

JEAN-PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 246-8575
FARROCKAWAY MEDICAL PC 712 BEACH 20TH ST FAR ROCKAWAY, NY 11691 (347) 246-8575

PRACTITIONER DEA NUMBER

Patient Name [REDACTED] Date 4/8/1

Address [REDACTED]

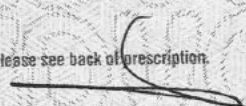
City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Rx

DICLOFENAC 3% GEL
Apply To Affected Area
2-3 Times A Day
Disp: 200gm

☐ LEP Preferred Language

Prevent medication errors. Please see back of prescription.

Prescriber Signature 

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES claw IN THE BOX BELOW


REFILLS ☒ None ☐ Refills: _____

PHARMACIST TEST AREA: _____

Dispense As Written

MAXIMUM DAILY DOSE (controlled substances only)

0SZNS2 01



SW CN

Rx# 68536

DR. BARAKAT, JEAN-PIERRE (147)346-4580 Lic # DEA #
Copyr. \$0.00 Ins Paid: \$2289.36 Auth#:

68462-0355-94

JEAN-PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 246-6575
FARROCKAWAY MEDICAL PC 712 BEACH 20TH ST FAR ROCKAWAY, NY 11691 (347) 246-6575

PRACTITIONER DEA NUMBER

Patient Name _____ Date 5/31/19

Address _____

City _____ State _____ Zip _____ Age _____ Sex M / F

Rx

Diclofenac Sodium Gel 3%
() 100gm () 200gm
Apply 2-4 grams to the aa bid

LEP Preferred Language

Prevent medication errors: Please see back of prescription.

Prescriber Signature X

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "aw" IN THE BOX BELOW

REFILLS 0 None

PHARMACIST TEST AREA:

Dispense As Written

MAXIMUM DAILY DOSE
(control substances only)

054DHR 94

SW CNYRbPdM/V945000 P Pad 18 of 20 2/8/2018 N

OFFICIAL NEW YORK STATE PRESCRIPTION

JEAN-PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 246-6575
FARROCKAWAY MEDICAL PC 712 BEACH 20TH ST FAR ROCKAWAY, NY 11691 (347) 246-6575

Patient Name: [REDACTED] Date: 4/18/19
Address: [REDACTED] Sex: M/F
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Age: [REDACTED]

Rx

DICLOFENAC 3% GEL
Apply To Affected Area
2-3 Times A Day
Disp: 200gm

LEP: Preferred Language
Prevent medication errors. Please see back of prescription.

Prescriber Signature: [REDACTED]

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES NOW IN THE BOX BELOW

REFILLS: 12
Refills: [REDACTED]

PHARMACIST TEST AREA: [REDACTED] Dispense As Written

05ZNS2 12

MAXIMUM DAILY DOSE (controlled substances only)

06 03 19

SW CNY16-Pad/MV82298 P Pad 3 of 10 1/30/2018 N

OFFICIAL NEW YORK STATE PRESCRIPTION

BRONX COUNTY MEDICAL CARE PC
JEAN-PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 346-6580
NEW DORP MEDICAL 4247 RICHMOND AVE STATEN ISLAND, NY 10312 (718) 605-4000

PATIENT'S NAME [REDACTED]
Address [REDACTED]
City [REDACTED] State [REDACTED] Zip [REDACTED] Age [REDACTED] Sex ☒ M ☐ F

Date 4/3/19

Rx

Lidocaine 5% Ointment
QTY: 250 grams
Apply TWICE DAILY to the AA BID

☐ LEP Preferred Language
Prevent medication errors. Please see back of prescription.

Prescriber Signature X

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW

REFILLS ☐ None ☒ 8

PHARMACIST TEST AREA: [REDACTED]

Dispense As Written

MAXIMUM DAILY DOSE
(controlled substances only)

0TF7GN 26

[Barcode]


09 20 19


SW CNYRxPadV0845000 P Paid 1 of 20 2/8/2018 N


OFFICIAL NEW YORK STATE PRESCRIPTION

JEAN PIERRE G BARAKAT MD
LIC: 250159
NPI: 1205086329
DEA: FB1087065

NEW YORK FIRE DEPT 9 METRO TECH CENTER BROOKLYN, NY 11201 (347) 246-8575
FAR ROCKAWAY MEDICAL PC 712 BEACH 20TH ST FAR ROCKAWAY, NY 11691 (347) 246-8575

PRACTITIONER DEA NUMBER 

Patient Name  Date 7/31/19

Address 


City _____ State _____ Zip _____ Age 21 Sex ☒ M ☐ F

Rx

Lidocaine 5% Ointment
QTY: 250 grams
Apply TWICE DAILY to the AA BID

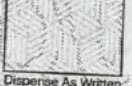
☐ LEP Preferred Language

Prevent medication errors. Please see back of prescription.

Prescriber Signature 

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW


REFILLS ☒ None ☐ Refills

PHARMACIST TEST AREA: 

Dispense As Written

MAXIMUM DAILY DOSE (controlled substances only)

0SZNRJ 11



09 20 19

SW QNYTbPdM/706346 P. Paid 13 of 20 10/4/2013 N

OFFICIAL NEW YORK STATE PRESCRIPTION

☐ GERARD A CASEY MD
LIC: 175757
☐ SARAH E BLEACHER MD
LIC: 21846 NPI: 1164625227
☐ JANICE PAVIS DO
LIC: 218379 NPI: 1378506872
☐ JAMES CHENG MD
LIC: 217386 NPI: 1811990120
☐ JEAN-PIERRE GBARAKAT MD
LIC: 250158 NPI: 1205098325

☐ SAMANTHA LAM DO
LIC: 229110 NPI: 1306931779
☐ ANNY MARCHEANO MD
LIC: 182570 NPI: 1023038488
☐ MARK V SPADARO MD
LIC: 186751 NPI: 1477515716
☐ JEFFREY KEELOW MD
LIC: 217510

NYC FIRE DEPARTMENT 9 METRO TECH CENTER BROOKLYN, NY 11201 (718) 998-1937

PRACTITIONER'S SIGNATURE: [Redacted]

Patient Name: [Redacted] Date: 7/29/19

Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted] Age: [Redacted] Sex: ☒ M ☐ F

Rx

Lidocaine 5% Ointment
QTY: 250 grams
Apply TWICE DAILY to the AA BID

☐ LEP Preferred Language
 Prevent medication errors. Please see back of prescription.

Prescriber Signature: [Redacted]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'brand' IN THE BOX BELOW

REFILLS: ☒ Noni ☐ Refills: 6

PHARMACIST TEST AREA: [Redacted]

Dispense As Written

MAXIMUM DAILY DOSE (controlled substances only)

0R7BY3 47

[Barcode]

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICIAL NEW YORK STATE PRESCRIPTION

ANANTHAKUMAR THILLAINATHAN MD
LIC: 291751
NPI: 1285900621

1849 UTICA AVENUE BROOKLYN, NY 11234 (516) 582-1949

Patient Name: [REDACTED] Date: 01/20/19

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Age: [REDACTED] Sex: [REDACTED]

R Diclofenac 9-1 gel
#200 grams
Apply to affected areas
twice a day for 30 days

Prescriber Signature: [REDACTED]

THIS PRESCRIPTION WILL BE FILED GENERALLY UNLESS PRESCRIBER WRITES IN THE BOX BELOW

REFILLS: ☐ None ☒ 3

0TKYXT 00